



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF MUNSTER

City of Hospital: Munster

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: COMMUNITY FOUNDATION OF NWI INC.

Email Address: ckolasinski@comhs.org

Medicare Provider Number: 15-0125

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$789985991
Outpatient Patient Service Revenue	\$1311066345
Total Gross Patient Service Revenue	\$2101052336

2. Deductions From Revenue

Contractual Allowance	\$1464537981
Other Deductions	\$24550560
Total Deductions	\$1489088541

3. Total Operating Revenue

Net Patient Service Revenue	\$611963795
Other Operating Revenue	\$31869141
Total Operating Revenue	\$643832936

4. Operating Expenses

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Salaries and Wages	\$185726520	Employee Benefits	\$43262554
Depreciation and Amortization	\$24207681	Interest Expense	\$8605
Bad Debt	\$0	Other Expenses	\$303246794
Total Operating Expenses	\$556452154		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$87380782	Total Assets	\$297008949
Net Non-operating Gains over Loss	\$284079	Total Liabilities	\$129892460
Total Net Gains	\$87664861		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1119345794	\$886852025	\$232493769
Medicaid	\$265862878	\$202284800	\$63578078
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$715843665	\$375401156	\$340442509
Total	\$2101052337	\$1464537981	\$636514356

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$100935	\$-100935

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$95653	\$1514164	\$-1418511

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$326464	\$-326464
Hospital Patients	\$0	\$0	\$0
Community Education	\$390	\$735365	\$-734975

Number of Medical Professionals Trained	68
Number of Hospital Patients Educated	17,468
Number of Citizens Exposed to Health Education Messages	445,278

Statement Six: Charity Statement

Hospital Charity Charges	\$7835585
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$19649	\$1514736	
HCI Payments	\$0		
Subtotal	\$19649	\$1514736	\$-1495087
Medicaid Shortfalls	\$64075416	\$99228947	
Subtotal	\$64095065	\$100743683	\$-36648618
DSH Payments	\$0		

	Subtotal	\$64095065	\$100743683	\$-36648618
Medicare Shortfalls		\$221693859	\$272787741	
Other Government Programs		\$1400718	\$1796754	
	Total	\$287189642	\$375328178	\$-88138536

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2277542	\$2889501	\$-611959
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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